



United Community & Family Services

A Legacy of Caring since 1877

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We understand that these are unprecedented times and that the economy is affecting and impacting all segments of Connecticut's population. We understand that there have to be significant cuts in state government in order to weather this economic storm. Understanding the realities we now face, our concern continues to be that we are making **short-term cost-saving measures** that, when viewed from the intermediate to long-term perspective, result in **more harm than benefit**:

Elimination of Dental coverage for Medicaid-covered adults:

We have identified **1,880** individual patients who would no longer be eligible to receive Medicaid-covered dental care out our health center alone because of this provision. A certain percentage of these patients are older adults who are currently dually eligible under Medicaid and Medicare. Since Medicare does not include dental coverage, these **older adults now have no other options for dental care**.

This proposal equates to **cost shifting** – from Medicaid to our already overcrowded and cash-strapped emergency departments as desperate people turn to the ED as their only solution. The typical dental reimbursement we receive per visit is \$118. The typical ED visit costs over \$500. Studies of Medicaid preventive dental care compared to ED visits indicate that ED costs can be **ten times more** than office care. Sick people miss work and neglect other responsibilities – and end up even worse off economically, physically and mentally. Not the formula for economic turn-around.

Imposition of a copays and premiums for Medicaid-covered adults

We are asking those people who qualify for an entitlement based on their poor economic situation to now share in the cost of their healthcare. Not only does this create the same cost shifting as the Dental proposal, but it also **places the burden of copay collection on health care providers** – collection efforts which we know in most cases will be futile. This is especially critical for UCFS, an FQHC Look-Alike. We receive no federal 330 funding to serve the uninsured. **We envision having to turn people away** who cannot pay their copays or their sliding fees in order to preserve our financial viability.

Elimination of Medicaid coverage for children and adults who have been legal residents for less than five years.

This policy eliminates an entire group of people from our services. **Our region is unduly impacted by immigration** because of our Indian casinos. Our schools have seen non-English speaking homes double in New London since 2000 to over 22%, and triple in Norwich to over 20%. This is **another example of cost shifting the burden to our EDs**.

DPH funding

At this point, we are unsure what the funding picture looks like from DPH as the budget proposal lacks detail. The Community Health Services line is being cut by \$2 million. That funding helps us support the uninsured population.

We urge you to consider the long term impact of changes that are being made to plug short term holes in our state budget.



